

CLAIMS ONLY							Application Number 09809103		Filing Date		
9/2/04							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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100											
Total Indep	5		5		5						
Total Depend	31		31		30						
Total Claims	36		36		35						

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09809103	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEP.		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
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40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	5		5		5		TOTAL IND.					
TOTAL DEP.	31		31		31		TOTAL DEP.					
TOTAL CLAIMS	36		36		36		TOTAL CLAIMS					

PTO-1350 (3-79)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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